

Atty Docket No.: 16159/091001; P5939

Inventor: David S. Allison

Application No.: 09/977,508-Conf. #3995

Filing Date: October 12, 2001

Title: METHOD AND APPARATUS FOR EXTENDING A PROGRAM ELEMENT IN A
DYNAMICALLY TYPED PROGRAMMING LANGUAGE

Documents Filed:

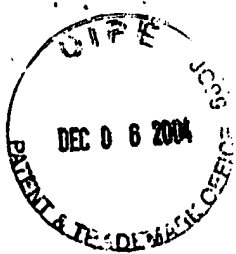
Submission of Substitute Declaration (1 page)

Declaration (4 pages)

Via: Express Mail: Airbill No. EV535682192US

Sender's Initials: RPL/AZD/bcm

Date: December 3, 2004 *JMS*



EV 535682192 US



UNITED STATES POSTAL SERVICE®

Customer Copy

Label 11-F June 2002

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 17010	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>
Date In 12/03/04 Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 13.65
Time In 4:06 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight 2.50 lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials UJ	Total Postage & Fees \$ 13.65

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY	<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Customer Signature

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE (713) 520-2800

TO: (PLEASE PRINT)

PHONE ()

ONE HOUSTON CENTER STE 2400
1211 MONROVY AVE
HOUSTON TX 77010-2020

16159/091001 KL/PZC/bcm

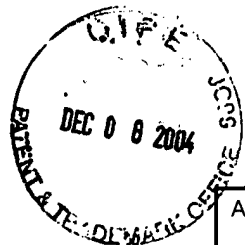
PAUL STON
COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA VA 22313-1450

PRESS HARD.

You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com





Application No. (if known): 09/977,508

Attorney Docket No.: 16159/091001; P5939

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV576721046US in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on December 6, 2004
Date

Signature

Brenda C. McFadden

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 228-8600
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Response to Office Action mailed September 13, 2004.